

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006985

Entity Name: PCAS OF FLORIDA, INC..

FILED
Jul 04, 2008
Secretary of State

Current Principal Place of Business:

1053 W. RIVIERA BLVD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1053 W. RIVIERA BLVD.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 16-1745573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTINUCCI, JAMES
1053 W. RIVIERA BLVD.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

ANTINUCCI, JAMES J JAMES A
1053 W. RIVIERA BLVD.
OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES ANTINUCCI

07/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANTINUCCI, JAMES
Address: 1053 W. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANTINUCCI, JAMES J JAMES A
Address: 1053 W. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: PRES () Change (X) Addition
Name: ANTINUCCI, JAMES J JAMES A
Address: 1053 W RIVIERA BLVD
City-St-Zip: OVIEDO, FL 32765

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City-St-Zip: OVIEDO, FL 32765

Title: PRES () Change (X) Addition
Name: ANTINUCCI, JAMES J JAMES A
Address: 1053 W RIVIERA BLVD
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ANTINUCCI

PRES

07/04/2008

Electronic Signature of Signing Officer or Director

Date